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Thesis on Peritonitis

for a

Degree of M. D.

by

James H Gilliam

of Va.

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In obedience to the requisitions for graduation I have selected a view of Peritoneal inflammation for discussion.

Though from the limited extent of observation and experience of the noviciate in medicine no novel idea can be reasonably expected; yet our attempt will be to offer such an analysis of the subject as will manifest in some degree an acquaintance with the general principles of science.

This result being the proper purpose of inaugural disquisitions, I confidently appeal for approbation to that liberality of sentiment which distinguishes the illustrious Professors

of this celebrated University—

Of the inflammations of the abdominal viscera Peritonitis is comparatively a new disease, hence the contrariety of opinion with respect to its most successful mode of treatment.

All agree that it is most fatal in its tendency, and of all others one of the most insidious in its approach and progress.

When this affection attacks the male sex it almost invariably arises in consequence of inflammation being translated from some other part, as, the stomach, liver &c.

When the other sex is the subject of it, it is most generally consecutive to the parturient condition, and thereby conjoined with the puerperal fever.

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Its most common and efficient causes are suppression of perspiration, the application of cold to the surface, mechanical injuries, as contusion, severe exercise, tedious and difficult labours &c.
Like the other Phlegmasia it is divided into an acute and chronic stage.
In the acute stage the inflammation sometimes attacks only a small part, and is subsequently imparted to the whole of it; but most commonly it attacks the whole at once.
The onset of the disease is usually attended with chills and shiverings, which are soon followed by a diffusion of heat over the body, and pain in the abdomen more or less, so extensive as to be felt over the whole of that part.
The pain is greatly augmented by pressure. The pulse is frequent, small

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and contracted, the skin becomes hot & dry, the tongue is parched and encrusted and now the patient complains of much thirst. Even in the early stage the tongue throat and fauces assume an appearance similar to that in typhus fever, tho' sometimes they are found perfectly moist.

In the course of ten or twelve hours, the tenderness of the abdomen is so much increased, that the weight of the bed clothes becomes insupportable. The pulse becomes greatly contracted and beats from one hundred to one hundred and fifty in a minute, and the swelling of the abdomen becomes apparent.
The patient lies constantly on his back with his knees elevated or drawn up so as to relax the abdominal muscles, and this being a peculiar symptom, should

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As the disease advances, all these symptoms, particularly the tumefaction, increase. But occasionally the pain suddenly subsides, which when it is not the effect of our remedies, is an inauspicious omen, being always the precursor of death. There is about the same time a great decline of the pulse, which is very much accelerated. Dark matter is vomited, Singultus, or spasmodic affections of the Stomach and cold clammy sweats occur. The extremities are cold and withered, the countenance is haggard and collapsed, and at last difficult and laborious respiration closes the scene.

We find by postmortem examination, the peritoneum exhibiting the ravages of inflammation, and the bowels not

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unfrequently in such a state as to amount almost to gangrene.

Diagn: The Peritonitis very much resembles Enteritis and Cholic in its more general symptoms, yet it evinces some peculiar features in its character.

It differs from the former by the pain being permanent, by producing no desire to go to stool, and from both by the position of the patient and the slightest alleviation not arising from the most copious alvine evacuation.

Prognosis: The following are favourable omens, the pulse becoming fuller and less frequent, the skin moister and cooler, the respiration less laborious, the reappearance of the lochial discharge and the gradual diminution of the pain and tension of the abdomen. On the other hand the sudden cessa-

tion of pain with effusion and tume-
faction are fatal symptoms.

Treatment –

In the removal of this disease nearly the same mode of cure is indicated as in that of inflammation of the Uterus. We attack the acute form with venesection to the greatest practicable extent as the most powerful evacuant, and extend it regardless of the pulse, as far as the strength of the patient will allow. If the patient be an adult of a robust constitution, we often find it necessary to take from twenty to forty ounces at one bleeding, and this quantity should even be repeated in the course of ten or twelve hours, if the symptoms are not materialey mitigated. If after the lancet has been urged to this extent, some of the most

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prominent symptoms still remain, as pain tention &c. we should resort to cups or leeches, and remove as much blood as can be effected by these means. Emollient fomentations or warm poultices applied to the abdomen sometimes produce considerable relief. The best application is a bread and milk poultice or a sack moderately filled with warm mush so as to accommodate itself to the form of the abdomen. By a Writer of no inconsiderable authority it is contended that poultices are as well adapted to deep seated inflammations as to those situated on the surface. Be this as it may, they often assuage pain and make a favourable impression. When bloodletting can be no longer used diaphoretics constitute an important part of the curative plan. By their centrifugal tendency

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they lessen or entirely remove deep seated conjestions, and produce on the surface a most salutary effect. With a particular view to induce perspiration we resort to external applications, and of these the shower bath merits the most confidence. To increase and assist its impression we should give the Dover's powder, or some other preparation, of which opium constitutes the principal part. The vapour bath has been beneficially used, and when considered necessary should not be neglected. Whatever opposition may have been advanced against blisters we repose considerable confidence in their utility. When timely applied in this case as in the Phlegmasia generally, they not unfrequently extinguish the remaining pain and avert the progress of the disease. The proper time of their application, we consider to be when

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after general and local depletion has been used to a considerable extent, there still remains a remnant of pain and slight degree of tenderness to the touch. Under these circumstances blisters of a sufficient size to cover the whole abdomen produce the most beneficial effects. Altho' we have asserted that evacuations from the bowels do not abate the pain, yet we deem it necessary to keep them in a soluble state. For this purpose mild laxatives or enemata will answer; the latter should be composed of mild ingredients and administered in such large quantities as to act as emollient applications to the parts.

When in despite of these remedies the disease continues obstinate and appears about to terminate in gangrene our best recourse is to Spts.

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of Ipecacuanha which has often arrested this tendency, when all other remedies have failed. The dose is a tablespoonful every two or three hours. The treatment detailed above we think adapted to an ordinary attack of this disease; but there are occasionally some variations in the symptoms well calculated to mislead the practioner.
In its early stage there is sometimes so great a prostration of strength attended with a pulse so extremely feeble as to produce an apprehension of immediate death. This we suppose a case of extreme depression in which the energy of the body is so overwhelmed by the force of the disease, that if blood should be copiously drawn, the system would be unable to react. Under this supposition we strive to arouse the crippled energies of the system by the warm bath, diaphoretics and small

bleedings, watching with great caution the state of the pulse while the blood flows. In this way by cautiously coaxing away small portions of blood we invite a flow to establish a free and general circulation, and thus develope an acute state of inflammation to be managed as previously directed.

There is also a case of an opposite character in which the disease advances so treacherously as to excite no particular alarm in the patient or his friends, there being only a slight tenderness of the abdomen, very little fever and a pulse differing from its healthy state only in being a little quicker and somewhat chorded. This delusive appearance is soon made apparent by the succession of a train of symptoms of the most alarming kind. The system becomes suddenly depressed, the pulse sinks, the surface is covered with

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a cold clammy sweat, and the patient without the aid of the most active remedies, directed by the unerring judgement, inevitably sinks.

The chronic form of this disease also approaches very insidiously. It commences with a slight soreness of the abdomen, a pulse in some degree accelerated, the tongue in the morning is furred and there is some complaint of thirst. The face is pale, the features are a little shrunk, with a slight diminution of temperature in the extremities. These symptoms continue sometime without creating any alarm, until by some exciting cause the disease assumes an acute form. And when this occurs it becomes the most terrible of all diseases. Here we are debared from the use of the lancet to the same extent as in diseases

originally acute, and the vessels are so strongly perverted by wrong action, as to be extremely difficult of restoration to their former state.

The same mode of cure is pursued here except the extent of general bleeding, therefore that by cups or leeches is more particularly demanded, to be followed by fomentation, blisters and in emergencies to the Spirits of Turpentine.

This form of the disease as soon as it is discovered, should be managed by frequent small bleeding general and local; observing a complete state of rest and a most rigid restriction to the antiphlogistic regimen.